



First 5 California Annual Report Form

PART 1

FY 2003-2004

COUNTY COMMISSION NARRATIVE

Commission Narrative Form

1. **COUNTY PRIORITIES.** (Please limit your response to this question to **one page.**)

- a. Describe the **major issues** and/or needs facing children and families in your county as identified in your strategic plan. Your response may include the same information reported last year. Please summarize the information or data used to identify these issues.
- **Health care access.** Factors of lack of insurance (10% of children with no health coverage), not enough physicians in general, very limited access to pediatricians outside of Bishop, and existing physicians either not accepting new patients or not accepting Medi-Cal patients combine to make it very difficult for many families to obtain regular health care for their children and family members.
 - **Prenatal care.** Even after years of improvement, 26% of pregnant women in Inyo County are not entering prenatal care in the first trimester of pregnancy as is recommended for optimal protection of the mother and child. The rates are higher among Latino women (45%) and Native American women (44%). Further, 6% of births were to mothers who received inadequate prenatal care, defined as care starting in the third trimester or no prenatal care at all.
 - **Dental care access.** Recent surveys show 15-22% of Inyo County residents are without dental insurance, and 40% of households have not received regular dental care. The inability to afford dental care and problems with Denti-Cal not being accepted by Inyo County providers are two of the largest barriers to obtaining regular dental care.
 - **Child abuse.** The number of child abuse reports in Inyo County has been climbing steadily since 1994. The total number of reports for all ages of children rose almost 25% from 1999 to 2001, rising from 443 reports in 1999 to 550 reports in 2001. Even more disturbing, the number of reports involving children age 4 and younger doubled during this period, jumping from 103 in 1999 to 208 in 2001. Inyo County's rate of child abuse reports per 1,000 people is considerably above California averages.
 - **Child care access and quality.** The REACH survey found that 38% of all respondents, and 49% of respondents from Spanish-speaking households, said that child care was neither available nor affordable. A separate study by the Child Care Planning Council found that of those families having difficulties obtaining child care, 30% said it was because care costs too much, 26% expressed concerns over the quality of care available, and 25% said no care was available when they needed it. In addition, access to child care is greatly impacted by capacity constraints.
 - **Exposure of young children to tobacco smoke.** In the REACH survey, 10% of mothers said they smoked during pregnancy. In a separate survey, 16% of respondents indicated they have no smoking restrictions around children inside their homes.
 - **Early literacy support.** The REACH survey has shown that nearly one-quarter (21.6%) of children in households surveyed have only been read to once a week or less in the last three months. The survey further showed that regular reading to young children (defined as reading 5 or more times each week) occurred in only 20% of Spanish-speaking households as compared to 57% of English-speaking households, while reading occurred 1 or fewer times per week in 37% of Spanish-speaking households and in 14% of English-speaking households.
 - **Other** potentially significant issues identified in the community assessment and considered during the strategic planning process were partnering with parents to enhance their parenting knowledge and skills, addressing drug and alcohol addiction among parents of young children, and providing targeted support to single-parent households.

The following four strategic results were adopted as the top priorities for First 5 Inyo County:

1. Children 0-5 receive timely and adequate oral health services to prevent, detect and treat dental caries.
2. Children 0-5 are safe from abuse and neglect from their parents and caregivers.
3. Parents and caregivers have the knowledge and skills needed to support the developmental needs, including early literacy, of children 0-5.
4. Children 0-5 have access to high-quality early care and education.

- b. Describe the **funding priorities** in your strategic plan that have been focused on in the past fiscal year. These may include desired results related to systems of care, child and family outcomes, or outcomes for specific populations or communities.

First 5 Inyo funding priorities in relation to the Commission's four Strategic Results are:

- 1. School Readiness** First 5 Inyo County was awarded a matching funds grant from First 5 California to implement a comprehensive, four-year School Readiness Initiative in the communities of Big Pine, Lone Pine, and Olancho/Cartago. The purpose of the initiative is to improve the ability of families, schools and communities to prepare children to enter school ready to succeed (\$400,000 State Commission funds/\$400,000 First 5 Inyo County funds).

Strategic Result Area: The School Readiness Initiative Program addresses all four Inyo Strategic Result areas.

- 2. Children's Oral Health.** The First 5 Inyo Strategic Plan states that the Commission will attempt to raise additional funds from sources outside of Prop 10, such as collaborative pursuit of grants from foundations, to increase the amount of money available for programs and services. This was accomplished through a \$300,000 grant award to the Commission from The California Endowment to fund a three-year Community Oral Health Initiative. The Commission committed an additional \$22,000 to the project to fund training and technical support of oral health paraprofessionals and other providers. First 5 Inyo County also successfully applied for and was awarded federal designation of Inyo County as a Health Professional Shortage Area for Dental Health Services (\$7,950).

Strategic Result Area: Children 0-5 receive timely and adequate oral health services to prevent, detect and treat dental caries.

- 3. Child Care.** The Commission partnered with the Inyo County Superintendent of Schools on a third year of Child Care Retention Incentive funding, locally called the Inyo County Professional Development Program (PDP). The PDP is an incentive and reward program that provides annual cash stipends to licensed early care and education workers in Inyo County. First 5 Inyo committed \$30,000 to this initiative over a 2-year period, with a \$15,000 matching funds grant from First 5 California.

Strategic Result Area: Children 0 -5 have access to high quality early care and education.

Fiscal Reimbursement Efforts. The First 5 Inyo Strategic Plan states that the Commission will submit claims to Federal entitlement programs for home visitation services and other services eligible for reimbursement under the Medi-Cal Administrative Activities (MAA), Medi-Cal Targeted Case Management (TCM) services, and/or Child Health and Disability Prevention's Early and Periodic Screening Diagnosis and Treatment (CHDP/EPSDT) programs. The Commission, with funding from The California Endowment and State Commission Technical Assistance funds, provided consultants to assist the Commission and partner agencies to conduct MAA Program assessments and implementation to address opportunities to leverage funds for sustainability of programs serving children in Inyo County (\$14,261).

Strategic Result Area: This funding priority improves and enhances the Commission's ability to accomplish and sustain initiatives in all four strategic priority areas.

Community Sponsorships. The Commission allocated funds for a new Sponsorship Request Program, which provides an opportunity for the Commission to support community events that are targeted toward at least one of the Commission's four Strategic Results. Applicants may submit a sponsorship request for up to \$500. \$2,000/year has been set aside for this program.

Strategic Result Area: The Sponsorship Request Program addresses all four Inyo Strategic Result areas.

The **Mini-Grant Program** is a method of allocating grants of up to \$1,999 for purposes that address one of the Commission's four Strategic Results. The Commission sought proposals from entities that increase communities' abilities to offer community-based programs and services geared toward the needs of children ages 0-5 and their families. \$10,000/year has been committed to funding this program.

Strategic Result Area: The Mini-Grant Program addresses all four Inyo Strategic Result areas.

2. PRIMARY ACTIVITIES AND PROGRAMS. List briefly the most important activities or accomplishments of your County Commission in FY 2003-2004. Please organize activities and accomplishments by the headings provided below and by additional local priorities named above in Section 1.

A. SCHOOL READINESS INITIATIVE ACTIVITIES/PROGRAMS

To what extent is your County Commission involved in the School Readiness Initiative? (Please check one.)

X We have begun implementing at least half of the planned activities.

Note: *Activities reported below commenced during the last quarter of fiscal year 03/04. There are approximately 215 children ages 0-5 residing in the School Readiness communities of Big Pine, Lone Pine, and Olancho/Cartago.*

Overarching School Readiness Activities

- *Community Partners Home Visiting Program - IMACA REACH launched a multi-disciplinary home visiting program, using the Parents as Teachers (PAT) Program model of home visiting. PAT includes components of early care and education, parenting and family support, and health and social services. Over 40 families in the School Readiness communities were receiving home visiting services by the end of the fiscal year. (First 5 Inyo funds this home visiting program in communities outside the SR communities, as well). Outcomes: Increased number of parents who report receiving various parent education and support services; Children live in home environments supportive of optimal cognitive development; Children are safe from intentional injuries in their homes and communities; Children receive preventive and ongoing regular health care; Children and families have access to oral health education; Children are free of smoking related illnesses; Children receive early screening/intervention for developmental delays, disabilities or other special needs.*
- Cultural Competency Training for Home Visitors and SR Partners – Cultural competency training was provided by UC Berkeley staff for all home visiting staff and other family support providers. Over 40 medical, family support, and other providers attending the training.

Early Care and Education

- Summer Enrichment Pre-Kindergarten Transition Program – The Inyo County Office of Education launched a pre-Kindergarten program in Big Pine and Lone Pine to help children bridge the gap between preschool and Kindergarten. A total of 23 children attended a 6 - 7 week program. See Program Highlight #1. *Outcome: Increased number of children who participated in school-linked transition/school readiness immersion programs in all three school readiness communities; Increased number of children who enter Kindergarten “ready for school.”*
- Mt. Whitney Preschool at Lo-Inyo Elementary School - This private preschool was relocated to the Lo-Inyo Elementary School campus in Lone Pine, increasing the hours of service and types of services provided. The school district provides the classroom, utilities, janitorial, administrative support and supervision for Mt. Whitney Preschool as an in-kind contribution. See Program Highlight #2. *Outcome: Increased number of children who have access to high quality early care and education; Increased accessibility of services/activities (providing co-located services, and providing services in conveniently located places (e.g., schools).*
- Early Care and Education Program Expansion - Lone Pine Indian Education Center provided year around child development programming for Native American and non-Native children ages *Outcomes: Increased number of children have access to high quality early care and education; Increased number of children participated in early childhood education programs.*

- Big Pine Child Care Center - The Owens Valley Career Development Center opened a new child care center on the Big Pine Reservation to serve up to 26 Native American and non-Native families with children ages 0 – 6. They are currently at full capacity. *Outcomes: Increased number of children have access to high quality early care and education; Increased number of children participated in early childhood education programs.*
- Early Care and Education Programs Curriculum Enhancement and Quality Enrichment – The Inyo County Office of Education (ICOE) took the lead in promoting quality enrichment and consistency across private and public preschool and preschool-age family child care home settings through joint workshops and trainings for all the preschool, Kindergarten, and family child care providers. *Outcome: Improved service delivery.*
- Raising a Reader – The ICOE launched this award-winning early literacy program that provides families with bright red book bags, filled with high-quality children's books featuring artwork, age-appropriate language, and multicultural themes. The school readiness home visitors bring this program directly into the homes of families. *Outcomes: This program was just recently launched – there are no outcomes to report yet.*
- Big Pine School Literacy Coordinator - One fourth of this new position is dedicated to school readiness activities in the School Readiness community of Big Pine, such as coordinating the annual Kindergarten roundup event. *Outcome: Increased service integration.*

Parenting and Family Support

- Parent and Child Program - "Wonderful Wednesdays and Terrific Tuesdays" parent and child programs feature a play day and mobile library with a focus on early literacy and social skills for preschoolers in Big Pine and Olancha. This especially helps bridge the gap in Olancha, where no daily preschool service exists. Over 50 children and family members were served through this program. *Outcomes: Children live in home environments supportive of optimal cognitive development; Increased number of parents who receive various parent education and support services.*

Health and Social Services

See “e. **OTHER ACTIVITIES/PROGRAMS TO ADDRESS LOCAL PRIORITIES**” below.

School Capacity

- Preschool to Kindergarten Teacher Transition Activities - Preschool and Kindergarten teachers in the School Readiness communities met to share materials and collaborate on the Summer Pre-Kindergarten Transition Program and other curriculum ideas. *Outcomes: Increased service integration.*
- Kindergarten Visitation - The schools provided hospitality for new Kindergarteners and their families through Kindergarten round up activities where families registered their children, received health screenings and information on Kindergarten preparedness. *Outcomes: Improvements in School Readiness system; Schools and ECE providers offer programs to prepare parents and children to successfully transition into Kindergarten; Schools provided parents access to other community services at school sites to build a greater community / school link.*

Infrastructure

- School Readiness Coordinator – This part-time position is housed at the Lone Pine Unified School District and serves all school readiness communities. The Coordinator teaches the Lone Pine Pre-Kindergarten Transition Program during the summer months.

b. PRESCHOOL FOR ALL ACTIVITIES/PROGRAMS

To what extent is your County Commission involved in Preschool for All?

X We are not pursuing any activities in this area at this time.

c. HEALTH ACCESS FOR ALL CHILDREN

To what extent is your County Commission involved in Health Access for All Children?

X We are not pursuing any activities in this area at this time.

d. RETENTION (AND TRAINING) INCENTIVES FOR EARLY LEARNING STAFF

The Inyo County Professional Development Program is a retention incentive and reward program that rewards applicants for their education, training, and longevity, and encourages enrollment in additional coursework, unit-based as well as non-unit based. The program encourages license-exempt providers to complete the licensing process, particularly targeting the School Readiness Communities where licensed homes are especially needed. The Commission partnered with the Inyo County Local Child Care Planning Council through local and state funding to implement this program for a third year.

A total of approximately \$19,043 in stipends was awarded to 17 licensed child care providers in Inyo County. Stipends ranged from \$350 to \$1,900. Six of the applicants were family childcare providers, 10 were center-based staff, and one was the director of a childcare center. Return applicants numbered 11, with 6 new applicants. Here's what some of the participants had to say about the program: "Allowed me to purchase some of the much-needed supplies to improve the quality of my childcare," licensed family childcare provider, and "Encouraged me to take classes I might not otherwise have taken," center-based provider. When participants were asked, "If this Program was continuously offered, would it influence your decision to remain in the field of early care and education," 72% answered "yes."

In addition to stipends, Inyo County Local Childcare Planning Council staff administers an educational scholarship program made available to reimburse childcare providers and center-based staff for books, courses, workshops, etc. The Office of Education Child Development Division houses a Lending Library for all parents and providers, and also offers a mobile Lending Library for providers within Inyo County.

e. OTHER ACTIVITIES/PROGRAMS TO ADDRESS LOCAL PRIORITIES

Inyo County Oral Health Initiative

The Inyo County Oral Health Initiative is a broad based oral health plan encompassing all levels of care focusing on community-based primary prevention. *Outcomes: Increased number of children and families have access to oral health education; Increased capacity to provide oral health screening and treatment to all children.*

First 5 Inyo County was awarded a \$300,000 grant from The California Endowment to fund a three-year Community Oral Health Initiative/Partnership between the Commission, UCLA School of Dentistry, and local providers, to provide community-based prevention and treatment for children and families. The Initiative links with the Commission-funded IMACA home visitation, school-based dental health fairs, dental case management, and a dental sealant program. The purpose of the initiative is to improve oral health access through community-based primary prevention and case management for children in Inyo County. The majority of services are provided via grants to subcontractors for specific services. First 5 Commission serves as lead on the Initiative.

- **Sustainability Activities.** First 5 Inyo and its partners worked with a MAA Consultant to assess and implement Medi-Cal Administrative Activities (MAA) Program to sustain oral health initiative activities.
- **Dental Health Professional Shortage Area.** First 5 Inyo County, with the help of a private healthcare consultant, secured Dental Health Professional Shortage Area (DHPSA) status in Inyo County. DHPSA designation entitles an area to dentist placement assistance through the National Health Service Corps and funding preferences for General Practice Dentistry Residency programs that place graduates in shortage areas, increasing the potential of attracting additional dentists to the area.
- **First 5 Inyo County.** Commission staff worked to ensure a successful start to the Oral Health Initiative, including contracting with partner agencies; sponsoring and assisting with training and implementation of federal fiscal reimbursement systems; providing technical assistance and training as needed to orient project partners and to coordinate services; and conducting community outreach. Additionally, the First 5 Inyo Director serves as a member on the External Advisory Board for the UCLA School of Dentistry, California Endowment Community Oral Health Initiative: Partners, Programs, Pipeline, to provide local assistance in the development of a community-based practice site in Inyo County, and to help with the development of policy initiatives that will enable UCLA and its partners to sustain the initiative into the future.

[Read more about the specifics of the program under Program Highlight #3].

3. **PROMOTING EQUITABLE ACCESS AND OUTCOMES. PLEASE ANSWER (IN NO MORE THAN ONE PAGE) THE FOLLOWING QUESTIONS.**

a. **WHAT COMMUNITIES IN YOUR COUNTY HAVE BEEN HISTORICALLY UNDERSERVED?**

1. **Spanish-speaking families** comprise over 30% of families with children 0-5 in the county. Our Latino population is steadily growing, and language and cultural issues are barriers for families seeking services of all types in Inyo County.
2. **Families without access to health and dental care, including health insurance.** Factors of lack of insurance (10% of children with no health coverage), not enough physicians and dentists in general, very limited access to pediatricians outside of Bishop, and existing providers either not accepting new patients or not accepting Medi-Cal patients combine to make it very difficult for many families to obtain regular care for their children and family members. For many families, parental substance abuse combined with poverty pushes health care for their children very low on their hierarchy of needs.
3. **Geographically isolated families.** A diverse and expansive county, Inyo has many geographically isolated families that lack the necessary access to services and support for their young children. Lack of transportation is a problem for many families. There is a need for childcare expansion and quality enhancement, especially in isolated communities, some of which have no established child care centers or homes.

b. **WHAT STRATEGIES HAS YOUR COUNTY COMMISSION USED TO REACH EACH OF THE COMMUNITIES OR GROUPS MENTIONED ABOVE?**

1. **Strategies to reach Spanish-speaking families.**
Programs funded by First 5 Inyo County use a variety of strategies to reach and serve Spanish-speaking families:

- Bi-lingual/bi-cultural staff provides in-home and community-based services for Spanish-speaking families. In addition, staff learned to recognize and acknowledge differences across the different Latino communities in the County, and to modify their approach as appropriate.
- Program materials are available in Spanish as well as English. Applications for services and education materials stress that status of immigration does not preclude applicants from receiving services.
- Community Partners conducted outreach in places where Latino community members feel comfortable receiving assistance. Home visits are not a pre-requisite to receiving services.
- Flyers announcing program activities are translated in to Spanish, and placed in areas where Spanish-speaking families visit.
- Staff linked with religious organizations to get the word out to Latino families about available services, including child as well as adult literacy services.
- School Readiness partner, Inyo County Office of Education, provides English and Spanish speaking staff at most of the activities they offer related to the School Readiness Program.
- The Professional Development Program (Retention Incentive) offers translation of materials and interpretation services for childcare education workshops, as needed.

2. Strategies to reach families without access to health/dental care, including health insurance

- The majority of program staff funded by First 5 Inyo County are certified Enrollers for Healthy Families insurance program.
- Home visitors assessed family needs during home visits, including the lack of a medical home and the need for insurance. Referrals were made and applications assistance provided.
- Through the referral process, families were assisted in finding health services, including assistance with transportation.

3. Strategies to reach geographically isolated families.

- School Readiness partners provided services within school readiness communities, in the locations and at the times that are most accessible to the community. In addition, ICOE provides mobile library and play day service to the isolated community of Olancho.
- The School Readiness Coordinator's office is located at the Lo-Inyo Elementary School in Lone Pine. The Coordinator regularly makes trips 45 miles to the north (Big Pine) and 15 miles to the south (Olancho/Cartago) in order to make personal contact with the preschool families that she serves.
- IMACA home visiting staff resides in communities throughout the county. Caregivers receive personal visits at their home or other convenient locations, rather than traveling great distances to a larger population center to receive services, e.g. Bishop.
- The Professional Development Program (CARES) offered stipends to all eligible providers throughout the county, and supported the long-distance application process via phone, email, newsletters, etc. In addition, the program was designed to give priority consideration to providers in the isolated school readiness communities.

- c. **HAVE THESE STRATEGIES RESULTED IN GREATER ACCESS TO AND QUALITY OF SERVICES FOR THESE COMMUNITIES OR GROUPS? IF SO, DESCRIBE HOW.**
- English and Spanish-speaking families in the southern end of the county received school readiness services (home visiting, pre-Kindergarten transition programs, daytime parent and child programs), where these activities didn't previously exist.
 - The hiring of Spanish-speaking community members has allowed REACH staff to provide increased services to the Latino population, including home visits, ESL services, low or no-cost health insurance enrollment, and referral to other community-based services.
 - Many English and non-English families in the IMACA home visiting program were also enrolled in the Healthy Families program. In addition, connections between families and additional free and low-cost services were made.
 - Home visitors distributed numerous Parent Kits to Spanish and English-speaking families, facilitated and lead community support groups and activities, and linked families with services, including transportation for those who live in the least populated, most remote areas of our county.
4. **(OPTIONAL) SYSTEMS CHANGE SUPPORT ACTIVITIES.** Systems change support activities are complex and can include such activities as bringing people from various agencies and backgrounds to the table, changing policies and practices, and systematically looking at information across programs.

Medical Administration Activities (MAA) Program Implementation

a. What were you trying to change and why?

The First 5 Inyo County Commission encourages grantees to leverage additional funds to help extend and sustain the funds provided by the Commission. Many organizations in Inyo County were aware of federal fiscal reimbursement programs to recoup funds spent on Medi-Cal outreach, but needed help to determine if investing in the such programs was an appropriate strategy to pursue. First 5 Inyo County, with funding assistance from The California Endowment, took the lead in helping local organizations to assess and implement the Medi-Cal Administration Activities (MAA) Program. For many, this provided a first step in developing a sustainability framework.

b. Who was involved?

First 5 Inyo County Commission and Staff; Inyo Mono Area Agency on Aging (Local Government Agency lead); Inyo County Health and Human Services (Clinical Health, Oral Health Project, Administration, Fiscal); Inyo County Probation Department; Inyo County Office of Education, and Inyo Mono Advocates for Community Action (Home Visiting, Breast Cancer Intervention, State Preschool).

c. What agreements, changes, or products resulted from this work?

The MAA Program is administered by the State Department of Health Services and reimburses government, community agencies and schools for a portion of costs incurred in administering Medi-Cal funded programs. First 5 Inyo County initiated the local process of discovery by sponsoring a Fiscal Mapping Overview Workshop in the fall of 2003. Through the workshop, community organizations and agencies explored fiscal mapping strategies and how to leverage funds for family services in a small rural county. It was decided that of the options presented, the MAA Program made the most sense to pursue. As a next step, First 5 Inyo sponsored an assessment of the group's ability to draw down MAA funds for various programs and activities, (see b. above).

After months of work on this project, the Commission is pleased to report that First 5 Inyo County and its partners will invoice for MAA fiscal reimbursement for staff activities related to working with the Medi-Cal population. In addition, First 5 will receive a reimbursement of up to 50% of the cost of implementation as a reimbursable cost, which will be put back into the Oral Health Initiative to help sustain it.

d. **How, ultimately, are children and families better served because of these activities?**

Because we have not submitted our first invoices to the state for MAA activities, we do not yet know the exact dollar amount that will be reimbursed. However, the tedious process of assessment and start-up has been completed. Whatever the amount of the reimbursement received, be it large or small, the funds will directly support the participating programs while potentially sustaining services for children into the future.

5. **PROGRAM HIGHLIGHTS.** Describe at least three programs that your County Commission funded during FY 2003-2004 that you would highlight in your county profile in the annual report.

Program Highlight #1

a. **What is the name of the program, and in which agency is it housed?**

The Summer Enrichment Pre-Kindergarten Transition Program is offered in the School Readiness Communities of Big Pine and Lone Pine, and directed by the Inyo County Office of Education.

b. **Is this a School Readiness Initiative program?**

Yes.

c. **What identified need or issue does the program address?**

The identified need is for a program to help bridge the gap between preschool (or lack thereof) and Kindergarten. The *Inyo County Getting Children Ready to Start School Survey*, conducted to inform school readiness planning, found that:

- In all 3 school readiness communities, respondents reported their children were more likely to either stay at home or with a family member before they were old enough to start school;
- Didn't know what skills their children needed for school (and that this lack of information kept them from effectively readying their children for school);
- Didn't know how to teach their children school readiness skills;
- Felt their lack of English language fluency prevented them from readying their children for school.

The *Inyo County Kindergarten Teacher Survey* key results included:

- A large percentage of students at all schools entered Kindergarten **unprepared in pre-academic skills** (knows colors, shapes, shows emerging numeracy, completes multi-task sequences, shows emerging literacy).
- The majority of Kindergarten teachers found the following two elements to be **significant influences in their student's readiness** for school: (1) lack of family skills to promote school readiness, and (2) lack of preschool experiences.

d. **On which of the four result areas does your promising program focus: improved child health, improved child development, improved family functioning, or improved systems of care?**

Improved child development

e. For whom is the program designed?

Children entering Kindergarten without any prior preschool experience will have first priority. All other enrollment will be based on first come, first served without regard to income.

f. If the program focuses on a specific subgroup, how does the program try to address the needs and interests of that subgroup (e.g., offering materials in primary languages, having staff who reflect the languages and ethnicities of groups being served, adapting materials in other ways)? N/A

g. What specific results-based outcomes does the program aim to achieve?

Children will enter Kindergarten ready for school. This will be determined by:

- Assessments completed by teachers that indicate the child is ready in the areas of cognitive, social, emotional, language, approaches to learning, and health/physical development (MDRDP) (Modified Desired Results Developmental Profile). Teachers of Kindergarten implement the assessment one month after school starts.
- Parents of pre-k transition program students complete parent satisfaction surveys at the end of each session (see attached summary).
- The School Readiness Coordinator prepares case studies of children attending the program.

h. What activities or resources are offered through the program?

The Summer Enrichment Pre-Kindergarten Program features six-weeks of half-day educational and social interaction during the normal summer recess for all children who will begin Kindergarten in the fall of each school year. Programs are offered in both Lone Pine and Big Pine. Students have the opportunity to make friends with future Kindergarten peers, play, acquire early literacy skills, and develop Kindergarten readiness skills and a mindset to bridge the gap from preschool to Kindergarten. The principal, Kindergarten teacher, and school readiness coordinator meet with the students and their parents in the pre-k classroom at least once during the session. In Lone Pine, the program is actually held in the Kindergarten classroom.

i. Do staff members have any professional or other training necessary for doing this type of work (e.g., is the program staffed by a multidisciplinary team, paraprofessionals, public health nurses, etc.)?

Staff qualifications and salaries are consistent with the State Preschool programs currently offered by the Inyo County Office of Education.

j. What makes the program innovative in meeting the needs of your county (e.g., has it been designed or adapted for a specific population)?

It directly addresses expressed community needs, as described in c. above.

k. What types of positive impacts has the program had on children and families? (If quantitative results data are not available, please describe any anecdotal findings about the program.)

In Lone Pine, 47% of students entering Kindergarten in the fall attended the pre-k program. In Big Pine, 15% attended. Parents/caregivers were surveyed at the end of each session. One hundred percent of parents/caregivers in both communities agreed that their child is better prepared for Kindergarten as a result of attending the pre-k program. (See attached survey summary results). For a profile of one of the Lone Pine Pre-K Program Students, see the attached child vignette titled, "Abisai: A School Readiness Tale." The MDRDP has recently

been completed in Lo-Inyo Elementary – this will provide aggregate level results on the new Kindergarten class.

Program Highlight #2

a. What is the name of the program, and in which agency is it housed?

Mt. Whitney Preschool and Lone Pine Unified School District Partnership

b. Is this a School Readiness Initiative program?

Yes

c. What identified need or issue does the program address?

Mt. Whitney Preschool is a private preschool with limited hours and capacity. As part of an exciting new partnership with the school district, this private preschool was relocated to the Lo-Inyo Elementary School campus in Lone Pine. Originally located in church facilities that were inadequate for the full range of services needed, the Preschool only provided a ½ day program three days per week. Their enrollment was steady at eight children ages 2 ½ - 5, with spaces for up to 12.

Many parents from the communities of Lone Pine, Olancho and Cartago identified the need for full-day child care and a quality preschool curriculum. Nearly all of the caregivers surveyed in the IMACA REACH survey from the Lone Pine area (90%), and all of the caregivers surveyed in the Olancho/Cartago area, reported that **child care is neither available nor affordable in their community**. This is in sharp contrast to the rest of county, where nearly half of all caregivers report child care is both available and affordable in their community.

d. On which of the four result areas does your promising program focus: improved child health, improved child development, improved family functioning, or improved systems of care?

Improved child development

e. For whom is the program designed? How does the program directly or indirectly support children ages 0 through 5?

The program is designed for all families desiring a quality preschool experience for their child(ren).

f. If the program focuses on a specific subgroup, how does the program try to address the needs and interests of that subgroup (e.g., offering materials in primary languages, having staff who reflect the languages and ethnicities of groups being served, adapting materials in other ways)?

The program does not focus on a specific subgroup – all children are welcome. School personnel are available to assist Spanish-speaking caregivers with questions about the program, enrollment, etc.

g. What specific results-based outcomes does the program aim to achieve?

A quality preschool experience.

h. What activities or resources are offered through the program?

The Mt. Whitney Preschool is located on the Lone Pine Elementary School campus, in the Kindergarten room. The new Preschool is open five days per week and offers full-day child care, thus expanding by 25 hours per week for 40 weeks, the child care previously available at the church site. Enrollment is now at capacity (14 students total, 12 at any one time).

In addition, the new location provides a natural connection between families and the elementary school, as well as providing a safe and educationally appropriate classroom facility and playground for young children. Lone Pine School District generously provides the classroom, utilities, janitorial, administrative support and supervision for Mt. Whitney Preschool as an in-kind contribution.

- i. **Do staff members have any professional or other training necessary for doing this type of work (e.g., is the program staffed by a multidisciplinary team, paraprofessionals, public health nurses, etc.)?**

In support of this innovative partnership, the English Language Development Coordinator/Teacher for the Lone Pine Unified School District resigned her post to assume a new position as preschool teacher at the newly relocated Mt. Whitney Preschool. She is also a CLAD-trained Kindergarten through second grade teacher, and one of the parents in the community who most enthusiastically supported the partnership. The district superintendent supported the teacher's move, as well.

As part of the new School Readiness Program, staff at the Preschool will participate in the child care quality enrichment and consistency trainings and workshops conducted by Resource and Referral for Child Care and the Child Care Initiative Project offered by Child Care Connection.

- j. **What makes the program innovative in meeting the needs of your county (e.g., has it been designed or adapted for a specific population)?**

Refer to the description in c. above.

- k. **What types of positive impacts has the program had on children and families? (If quantitative results data are not available, please describe any anecdotal findings about the program.)**

Parents report being very satisfied with the new location of the preschool, specifically the increased availability of child care hours and number of days, and the quality preschool programming. This also means that parents no longer have to transport their children to a town 30 miles north to attend full-day preschool. They also cite as a positive impact to their experience and their child's, the enthusiasm and support of the elementary school administration and board.

School administrators report that the location of the relocated preschool has helped to develop a natural connection between families and elementary school teachers and staff. In addition, the co-location has made it easy for the Superintendent, teachers, preschool teachers, and school readiness coordinator to meet on a regular basis to discuss program needs and expectations, curriculum standards, and specific student/family needs.

In addition, many of the children attending the Mt. Whitney Preschool also attend the School Readiness Summer Pre-Kindergarten Transition Program. An assessment of each kindergartner is completed by Kindergarten teachers that indicate at the aggregate level children's school readiness in the areas of cognitive, social, emotional, language, approaches to learning, and health/physical development (MDRDP) (Modified Desired Results Developmental Profile). These profiles may help us determine the effect overall of School Readiness activities, including the newly relocated and enhanced Mt. Whitney Preschool.

Program Highlight #3

a. What is the name of the program, and in which agency is it housed?

Inyo County Oral Health Initiative

b. Is this a School Readiness Initiative program?

Not specifically, although it is closely linked.

c. What identified need or issue does the program address?

Tooth decay is the most frequently found health problem among children. Children living in rural communities have twice the amount of tooth decay than is found in urban areas of the country. Oral health education and prevention programs are almost non-existent in Inyo County. Other potential resources such as home health workers are not widely trained for oral health interventions.

Recent surveys show 15-22% of Inyo County residents are without dental insurance, and 40% of households have not received regular dental care. The 2002/03 REACH survey alone found 257 children age 0-5 that are not receiving regular dental check ups out of 325 households surveyed. The REACH survey also showed that inadequate dental care is not limited to low-income households but affects all income levels throughout the county.

Limited existing oral screening services for preschool-age and school-age children have provided evidence of widespread dental problems for a large segment of the childhood population. Uninsured adults and parents with young children must travel a substantial distance out of the county to access dental treatment for their children. Compounding this capacity shortage are additional barriers to service, such as lack of transportation, work-hour conflicts, child care issues, fear or reticence to seek services, difficulty understanding how to access community-based helping resources, and undervaluing the importance of oral health during pregnancy and childhood.

Tooth decay is a preventable disease that can be reversed in early stages. It can be prevented by good oral health habits and prevention services, and can be controlled with early dental treatment. A caries prevention initiative is the most cost effective way to meet the oral health needs of children of Inyo County.

d. On which of the four result areas does your promising program focus: improved child health, improved child development, improved family functioning, or improved systems of care?

Improved child health, and Improved systems of care

e. For whom is the program designed? How does the program directly or indirectly support children ages 0 through 5?

The program is designed for children ages 0 – 12 years, and their families. (The California Endowment provides funding for children 6 – 12 years of age).

The First 5 Inyo County Commission received an award from the California Endowment to help fund a countywide oral health initiative. The Inyo County Oral Health Initiative directly supports children ages 0-5 through a broad based oral health initiative encompassing all levels of care from primary prevention through specialty clinical treatment.

f. What specific results-based outcomes does the program aim to achieve?

- Increased access to dental education, screenings and treatment for low-income children.
- Improved oral health status of low-income, uninsured children and families.
- Increased coordination of oral health services for children and families.

- Increased knowledge of children, families and community on the importance of oral health care.

g. What activities or resources are offered through the program?

- The **UCLA School of Dentistry** has assisted First 5 Inyo County with four distinct clinical services delivery components of the initiative. UCLA was also awarded a grant from The California Endowment to fund an initiative which will reorient UCLA School of Dentistry's community based clinical programs, revise curricula, and create a pipeline that focuses on community college and university students. Inyo County is a designated rural community site for UCLA's Dental School Pipeline Initiative. Together, these two programs seek to improve access to dental care for the underserved of Inyo County by reducing the need for treatment through primary prevention and by increasing the availability of dental care.
 - **Oral Health Prevention and Education.** Oral Health Initiative staff participated in a two week, 80 hour oral health paraprofessional training (didactic and hands on), conducted by the UCLA School of Dentistry. The curriculum focus is preschool children. Participants learned clinical, in-mouth skills of oral health screening, treatment needs assessment and referral, caries risk assessment, oral hygiene assessment using disclosing solution, individualized oral hygiene instruction, diet analysis and counseling, and topical fluoride varnish application. Participants included the following initiative partners: IMACA home visitors, Head Start Family Advocates, and Inyo County Office of Education Staff. The paraprofessional home visitors will receive follow up training at 6 months.
 - **School Based Sealant program.** 80-90% of permanent tooth decay among school age children can be prevented with dental sealants. School-based sealant programs are second only to community water fluoridation in preventing tooth decay. The school-based sealant component will be carried out by a dental hygienist and dental assistants hired specifically for that purpose. The Inyo County Office of Education began implementation of the **dental education, screenings, and sealants** to elementary children throughout Inyo County in grades K – 6. ICOE continues to build positive relationships with school administration and staff for school-based activities related to the initiative – school readiness schools are targeted for year one of this project, where the project is enthusiastically welcomed.
 - Once trained as Oral Health Paraprofessionals, **IMACA** home visitors offer oral hygiene instruction and diet assessment, screening, and treatment needs assessment and referral for children ages 0 – 5, at the child's home. If school-aged children are present in the home, visitors inform parents of the school-based Dental Health Fairs and Sealant Days occurring at local schools. In addition, home visitors make dental referrals as appropriate to the Inyo County Dental Case Manager. Pre-school children identified as needing treatment can be referred to a proposed UCLA student/resident clinic.
 - The **Dental Case Manager** provides oral health case management services to children and families in Inyo County.
 - **Dental Student Clinic.** Raising the oral health awareness of Inyo County residents through the preventive components will also raise the demand for clinical dental care, particularly among those who have not had access to care in the past. In order to meet this new demand for care, UCLA, through a The California Endowment Pipeline Initiative, proposes to establish a student clinic, operating 4 days a week, 40 weeks per year with 5 dental students and one resident, supervised by one full time faculty dentist.
- h. Do staff members have any professional or other training necessary for doing this type of work (e.g., is the program staffed by a multidisciplinary team, paraprofessionals, public health nurses, etc.)?**

There are a variety of staff involved in this initiative, including dentists, hygienists, dental assistants, case managers, paraprofessionals, administrators, and nurses.

- i. **What makes the program innovative in meeting the needs of your county (e.g., has it been designed or adapted for a specific population)?**

The Inyo County professional and paraprofessional dental workforce does not meet the needs of children living in the County. This caries prevention initiative is the most cost effective way to meet the oral health needs of children of Inyo County.

- j. **What types of positive impacts has the program had on children and families? (If quantitative results data are not available, please describe any anecdotal findings about the program.)**

It is too early to determine quantitatively the impact this initiative will have on the child population in Inyo County. Quantitative and qualitative evaluation is built into this initiative. We will report result in next year's annual report.

Program Highlight #4

- a. **What is the name of the program, and in which agency is it housed?**

IMACA REACH (Resources, Education, Advocacy, Community, Health) Community Partners Home Visiting Program. It is housed within the Inyo Mono Advocates for Community Action, a community-based organization operating in Inyo and Mono Counties.

- b. **Is this a School Readiness Initiative program?**

This is a countywide program. It is also a part of the Inyo County School Readiness Initiative.

- c. **What identified need or issue does the program address?**

A number of issues noted in the First 5 Inyo County community assessment are rooted in the importance of increasing parent and caregiver understanding of child development milestones, and how parents and caregivers can support optimal development of young children. Several of the needs assessment focus groups identified the need for greater parent education as a top priority issue. Individual survey respondents also frequently identified parenting skills and education as a top priority concern/issue. Further, 44% of survey respondents identified reading exposure for young children as a major concern, making it the most frequently identified issue from the First 5 public input survey. Countywide, child abuse, health care access, and children's oral health were consistently identified as major areas of need.

- d. **If the program focuses on a specific subgroup, how does the program try to address the needs and interests of that subgroup (e.g., offering materials in primary languages, having staff who reflect the languages and ethnicities of groups being served, adapting materials in other ways)?**

The program does not focus on a specific subgroup. Home visits are offered to all families with children 0–5, regardless of income or immigration status.

- e. **What specific results-based outcomes does the program aim to achieve?**

The program is designed to enhance child development and school achievement through parent education accessible to all families. Program goals are to:

- Empower parents to give their children the best possible start in life.
- Provide children a solid foundation for school and life success.

- Increase parent knowledge of child development and appropriate ways to stimulate their children's intellectual, language, social, and physical development.
- Increase parent feelings of competence and confidence.
- Enhance parent-child interaction and strengthen family relationships.
- Prevent child abuse and neglect.
- Provide for early detection of developmental problems.
- Develop strong partnerships between parents and schools.

f. What activities or resources are offered through the program?

Project REACH is a multi-disciplinary home visiting program. It includes components of early care and education, parenting and family support, and health and social services. It is coordinated across the elements in a multi-disciplinary approach and is integrated with school capacity activities in the school readiness communities. The underlying concept of the home visiting program is that early developmental experiences at home are essential precursors to a child's success in school and healthy adjustment to other social environments. Though dental and health education, screenings, and referrals will be offered, the *Community Partners* are paraprofessionals and the overall concept is oriented towards family strengthening and support. The imbedded community value is that very young children are best served as their parents acquire greater parenting competence and ability to access appropriate community services.

Our individualized in-home family nurturing approach is designed to empower parents to give their children the best possible start in life and ready children for success in school. It will increase parent knowledge of child development and appropriate ways to stimulate their children's total development, promote parent feelings of competence and confidence, enhance parent-child interaction and strengthen family relationships, prevent child abuse and neglect, provide for early detection of developmental problems, and develop strong partnerships between parents and schools.

The service model for the home visiting program is the Parents as Teachers (PAT) Program, an international early childhood parent education and family support program serving families throughout pregnancy until their child enters Kindergarten, usually age 5. The core services provided are:

- **Personal visits** — Bi-weekly personal visits are the major service delivery component. During these visits, *Community Partners* share age-appropriate child development information with parents, help them learn to observe their own child, address their parenting concerns, and engage the family in activities that provide meaningful parent/child interaction.
- **Group meetings** — Parent group meetings provide opportunities to share information about parenting issues and child development. Parents learn from and support each other, observe their children with other children and practice parenting skills.
- **Screening** — Periodic developmental, health, vision and hearing screening provides for early identification of developmental delays and health, vision and hearing problems. Regular review of each child's developmental progress will identify strengths and abilities as well as areas of concern that require referral for follow-up services, and will increase parents' understanding of their children's development.
- **Resource network** — Home visitors help families identify and connect with needed resources and overcome barriers to accessing services.

- All pregnant women and parents of newborns will be offered a **Kit for New Parents** containing customized parenting education materials, resource information, premium items donated or purchased from partner organizations and agencies.

Raising a Reader. The school readiness home visitors recently began implementing this early literacy program. Raising a Reader is an award-winning early literacy program that provides families with bright red book bags, filled with high-quality children's books featuring artwork, age-appropriate language, and multicultural themes. The home visitors in the school readiness communities bring this program directly into the homes of families that choose to participate. Books are rotated in and out of homes, all facilitated and tracked by the home visitors.

- g. **Do staff members have any professional or other training necessary for doing this type of work (e.g., is the program staffed by a multidisciplinary team, paraprofessionals, public health nurses, etc.)?**

The REACH home visitor is a culturally and linguistically appropriate, specially trained paraprofessional from the community who assists families by promoting effective parenting and providing emotional support. At least half of the staff is bilingual, and all are community members/parents residing in the communities they serve. A mental health professional consults with and monitors the home visiting staff on a routine basis. This type of supervision and support ensures home visitors are providing appropriate, high quality services to families.

- h. **What makes the program innovative in meeting the needs of your county (e.g., has it been designed or adapted for a specific population)?**

Recruiting and training community residents to serve as home visitors, rather than using a traditional “agency staff” model, is one of the keys to this program’s success. *Community Partner* home visitors are recruited to implement the program in their home community. These partners live and work in the communities they serve and are trusted community members with access to the families they serve. They act as a bridge between the families, and the agencies and organizations that seek to serve them, including the Commission. This is an especially important strategy in this geographically isolated county, where in-community advocates are best suited to understand and serve the needs of their residents. Program flexibility to meet local needs is also a key element in the program.

A specific advantage exists in the school readiness communities in that our school readiness communities are small in population, and our home visitors are able to identify virtually every family with children 0 – 5. Often, home visitors will know in advance from previous work with the family, or through their relationship with other providers, whether a particular family is in need of special care.

- i. **What types of positive impacts has the program had on children and families? (If quantitative results data are not available, please describe any anecdotal findings about the program.) How were these impacts measured or documented?**

Quantitative results are currently being generated and analyzed. Core participant data records on 71 households consisting of 70 children and 133 parents have been submitted to the First 5 California Statewide Evaluation contractor. (Note: this includes countywide data on the PAT Program). For an example of qualitative results, please see Section 6 of this report, “Child/Family Vignettes.”

(Optional) Is the program research based? What was the rationale for the program’s design?

Parents as Teachers (PAT) and the Raising a Reader (RAR) Programs report excellent research results and have been established as “best practices” for proven effectiveness in a

wide range of communities with diverse populations. Head Start children using Raising A Reader tested at least twice as high as the national Head Start average for book knowledge, print knowledge and reading comprehension. Meanwhile, parents in the program showed a 33% increase in the time spent sharing stories with their children, and Spanish-speaking families increased their use of public library services by 56%. Friendly and accessible, Raising A Reader inspires even illiterate or limited English-speaking families to gather around a book with their children and fall in love with reading. The design and goals of the PAT and RAR programs fit directly with the needs expressed by parents and caregivers through our many surveys and needs assessment efforts.

- 6. (OPTIONAL) CHILD/FAMILY/PROVIDER VIGNETTES.** Stories of how programs and systems affect specific children and families can be powerful tools for demonstrating the effectiveness and importance of funding such activities.

Child Vignette

Julie Lambdin, Inyo County School Readiness Coordinator and Summer Enrichment Pre-Kindergarten Transition Program Teacher prepared the following vignette.

Abisai's Story: A School Readiness Tale

It was early morning on June 20th, 2004, the first day of the Summer Pre-Kindergarten Transition Program in Lone Pine, California. I was looking forward with great enthusiasm to this part of the Inyo County School Readiness Program. I couldn't wait to meet all the student's parents and fall in love with all of my new students. I was particularly excited about meeting one of my new students, Abisai.

Abisai, age 5, is the youngest of three children from a Latino family. He lives with his parents and older brother and sister in the small town of Olancho (pop. approx. 300). Spanish is mostly spoken in his home. The Summer Pre-K Program would be his first preschool experience ever, and I knew that it would set the stage for the rest of his school days. I could feel the warm Inyo County air as I opened the door of the Kindergarten room for the first student. The day had begun!

Just as the school bell was about to ring, Abisai arrived holding the hand of his big brother, Luis. Abisai and Luis rode the morning bus together to Lo-Inyo Elementary School, about 25 miles north of their home. Luis attended summer school while Abisai attended the Pre-Kindergarten Program. Abisai was a little apprehensive, but with a warm hand to hold and a smile, we broke down all language barriers. After the first few minutes he was eager follow me through the first morning. As the days progressed, Abisai willingly came into the Kindergarten classroom without his big brother escort. He had made the transition smoothly and confidently.

This was the summer of "firsts" for Abisai: the first finger-paint picture, the first shaving cream experience, the first bike ride, the first time in front of a computer, and the first time blowing bubbles. All of these made it a summer to remember. Abisai knew very little English when he started the program. He learned to sing the alphabet and to write a capital "A" for his name. He learned to have friends and play together, and to share the classroom with his classmates. The gleam in his eyes made the whole room glow. The Summer Pre-K Transition Program readied Abisai for school, and set the stage for successful school days ahead.

Abisai now attends Kindergarten in his hometown of Olancho, in the foothills of the Eastern Sierra. I visited Abisai and his classmates in their one-room schoolhouse. He demonstrated with pride how well he could write his name. His teacher says he is doing very well in his new environment, and

even helps the other students adjust to the Kindergarten routine. His mother is thrilled and very proud of her young son. The impact of the School Readiness Program on young Abisai is clear!

As a teacher I will look back and remember Abisai's hand in mine the first day of the Pre-Kindergarten Program, to the last day when he waved goodbye from the bus, a smile on his face, filled with the experiences that will lead to a lifetime of confident and happy school days.

Family Vignette

This vignette describes the family literacy experiences of a Latino family who are participants in the IMACA REACH Home Visiting, Summer Home Reading Program. The vignette was prepared by a bi-lingual IMACA home visitor, who describes her experience working with the family. The Summer Home Reading Program is a sub-set of the IMACA Home Visiting Program. Upon request, home visitors will read to children and families in their homes over the summer months. The purpose is to promote the love of books and early literacy, and role model reading and "book cuddling" for parents and caregivers.

This project addresses specific needs expressed by the community. Nearly one-quarter of children in households surveyed in the school readiness communities have only been read to once a week or less in the last three months. Other local surveys showed that reading readiness was a stand out answer when parents were asked what families need the most help with in preparing their children for Kindergarten. These responses were equally strong for both English and Spanish-speaking parents. The home visitor's story follows:

"At first, many of the children to whom I read do not appear interested in my reading to them, as the cartoons on the television are stiff competition. But I proceed to read aloud; eventually the television's volume is lowered and eyes are on the book, no longer captivated by the cartoon's magic. A different kind of magic stirs – the children's own imagination, creativity, and sense of wonder had been awakened.

I remember one particular five-year old Hispanic boy who sat on the couch in his home, totally indifferent to my attempt to read a story to him. He kept his eyes straight on the television and occasionally would glance at the book. As I read, I noticed his uncle was enjoying the story from a safe distance in the kitchen. I finally invited the uncle to sit closer, letting him know it was okay to participate in the story. As soon as his uncle sat next to me, the precious little boy drew so close; he was almost on my lap! I now had the boy's full attention. So there I sat on the couch, reading to a 50-year-old uncle and a 5-year old boy.

I read aloud in English and translated the story to Spanish as well. Both the uncle and the boy kept asking me to repeat words or an entire page, and in this way we danced between the two languages. We were having fun! Before too long, the uncle looked around the house and asked me, "How do you say this in English?" So we all got up and walked around the living room and kitchen, spouting words like couch, chair, lamp, table, etc. I also made a referral to a community-based English as a Second Language (ESL) class for the uncle.

A few weeks later, a smiling mother reported that her son is still running around the house, pointing to furniture and shouting words in English and Spanish. This is a good example of how the importance of early literacy can be conveyed to an entire family, in a fun, comfortable, culturally-appropriate manner.

Note: The program has recently implemented the Raising a Reader (RAR) Program as part of the home visiting program. RAR is an award-winning early literacy program that provides families with bright red book bags, filled with high-quality children's books featuring artwork, age-appropriate

language, and multicultural themes.

7. *(Optional)* **Photograph for County Commission Profile.** If you have a digital or scanned photograph of a child, family, or program that you would like incorporated into your County Commission profile, please submit it electronically with this form as a JPG file. Please attach a copy of the release allowing the publication of the photograph (a model release is provided with this set of annual report form documents).

8. **County Commission Profile.** Please indicate below whether you would like SRI International to prepare your County Commission Profile or your County Commission has prepared its own draft profile. If your County Commission wants to prepare its own profile, please follow directions on the attached **Profile Guidelines**.

Please mark who will prepare your County Commission's profile:

☒ SRI International should prepare a draft of my County Commission's profile.

☐ My County Commission prepared and attached a draft of its own County Commission profile.

Release: All photographs that include identifiable individuals must be accompanied by a model release form granting permission for the publication of the photograph.

County Commission Funding Priority Outcomes and Indicators

Directions: Please check all the outcomes listed below that were local funding priorities in FY 2003-2004. The associated population-based and core participant indicators do not need to be marked.

Funding Priority Outcomes	Population-Based	Core Participants	
		Key Indicators	Elective Indicators
<input type="checkbox"/> Children are born healthy.	<ul style="list-style-type: none"> • Infant survival rate • Number and percentage of births at low birth weight • Number and percentage of births at very low birth weight • Number and percentage of live births in which mothers received late or no prenatal care 	<ul style="list-style-type: none"> • Number and percentage of births at low birth weight • Number and percentage of births at very low birth weight • Number and percentage of live births in which mothers received late or no prenatal care 	
<input checked="" type="checkbox"/> Children receive preventive and ongoing regular health care.	<ul style="list-style-type: none"> • Number and percentage of children who receive the recommended vaccines for their age • Number and percentage of children with a regular medical home • Number and percentage of children who have health insurance 	<ul style="list-style-type: none"> • Number and percentage of children who receive the recommended vaccines for their age • Number and percentage of children who receive the recommended number of well-baby and child checkups by age 2 • Number and percentage of children with a regular medical home • Number and percentage of children who have health insurance 	

Funding Priority Outcomes	Population-Based	Core Participants	
		Key Indicators	Elective Indicators
<input type="checkbox"/> Children are in healthy and safe environments.	<ul style="list-style-type: none"> Number and rate of nonfatal injuries to children ages 0 to 5 requiring medical advice or treatment 		
<input type="checkbox"/> Children are healthy and well nourished.	<ul style="list-style-type: none"> Number and percentage of children whose parents rate them to be in very good or excellent health Number and percentage of women who are breastfeeding at time of hospital discharge/6 weeks or more/6 months or more Number and percentage of children 0 to 5 years of age who are in the expected range of weight for their age 	<ul style="list-style-type: none"> Number and percentage of women who are breastfeeding at time of hospital discharge/6 weeks or more/6 months or more 	<ul style="list-style-type: none"> Number and percentage of children whose parents rate them to be in very good or excellent health Number and percentage of children 0 to 5 years of age who are in the expected range of weight for their age
<input checked="" type="checkbox"/> Children have good oral health.	<ul style="list-style-type: none"> Number and percentage of children who have dental insurance 	<ul style="list-style-type: none"> Number and percentage of children age 3 or older who receive annual dental exams 	<ul style="list-style-type: none"> Number and percentage of children ages 0 to 5 years who have dental insurance

Priority Outcomes	Population-Based	Core Participants	
		Key Indicators	Elective Indicators
<input checked="" type="checkbox"/> Children are free of smoking-related illnesses.		<ul style="list-style-type: none"> • Number and percentage of children who live in households where no adults smoke • Number and percentage of women who did not smoke during pregnancy 	
<input checked="" type="checkbox"/> Children have access to high-quality early care and education.	<ul style="list-style-type: none"> • Number of licensed center childcare spaces per 100 children • Number of licensed family childcare slots per 100 children • Number of Head Start slots per 100 low-income children • Number and percentage of licensed center childcare spaces for children with special needs 		
<input checked="" type="checkbox"/> Children participate in early childhood education programs.		<ul style="list-style-type: none"> • Number and percentage of children ages 0 to 5 who regularly attended a nursery school, pre-Kindergarten, or Head Start program by the time of Kindergarten entry • Percentage of children with special needs who participate in early childhood care and education programs 	

Priority Outcomes	Population-Based	Core Participants	
		Key Indicators	Elective Indicators
☒ Children receive early screening/intervention for developmental delays, disabilities, and other special needs.	<ul style="list-style-type: none"> Number and percentage of children identified as having special needs by the time of Kindergarten entry 	<ul style="list-style-type: none"> Number and percentage of children identified as having special needs by the time of Kindergarten entry 	<ul style="list-style-type: none"> Number and percentage of children under age 3 who receive a developmental screening from their primary care provider Number and percentage of children identified with disabilities who receive developmental services by the time of Kindergarten entry
☒ Children enter Kindergarten “ready for school.”	<ul style="list-style-type: none"> Number and percentage of children entering Kindergarten ready for school as determined by assessments completed by teachers and parents that indicate the child is ready in the areas of cognitive, social, emotional, language, approaches to learning, and health/physical development Number and percentage of students retained a second year in Kindergarten State standardized test scores for reading and math in second grade 		<ul style="list-style-type: none"> Number and percentage of children who participate in school-linked transitional practices
☒ Children live in home environments supportive of optimal cognitive development.	<ul style="list-style-type: none"> Number and percentage of families who report reading or telling stories regularly to their children, 3 to 5 years of age 	<ul style="list-style-type: none"> Number and percentage of families who report reading or telling stories regularly to their children, 3 to 5 years of age 	

Priority Outcomes	Population-Based	Core Participants	
		Key Indicators	Elective Indicators
<input checked="" type="checkbox"/> Children are safe from intentional injuries in their homes and communities.	<ul style="list-style-type: none"> • Number and percentage of children with substantiated or confirmed (open) cases of child abuse • Number and percentage of child maltreatment in which there is a recurrence within a 6-month period 		
<input type="checkbox"/> Fewer teens have babies, and more parenting teens delay subsequent pregnancies.	<ul style="list-style-type: none"> • Number and rate of births to young teenage mothers 		<ul style="list-style-type: none"> • Number and rate of births to young teenage mothers
<input type="checkbox"/> Families are self-sufficient.	<ul style="list-style-type: none"> • Number and percentage of children living in poverty • Number and percentage of Kindergarten children participating in free/reduced-price breakfast and lunch programs 		<ul style="list-style-type: none"> • Number and percentage of children living in poverty • Number and percentage of parents reporting food security (i.e., no hunger, as opposed to moderate or severe hunger) • Number and percentage of children who move more than once in a year • Number and percentage of mothers who completed high school or its equivalent
<input type="checkbox"/> Parents provide nurturing and positive emotional support to their children.			<ul style="list-style-type: none"> • Number and percentage of mothers screened for depression

Priority Outcomes	Population-Based	Core Participants	
		Key Indicators	Elective Indicators
<input type="checkbox"/> Children achieve permanency.	<ul style="list-style-type: none"> • Number and percentage of children 0 to 5 years of age who have lived in foster care within the past year • Number and percentage of children 0 to 5 years of age in foster care who are placed in a permanent home 		